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28348

PATENT  
Attorney Docket No. ACX-103CN2CP2

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Lazarus, et al.

SERIAL NO.: 09/300,137 GROUP NO.: 2834

FILING DATE: April 27, 1999 EXAMINER: Budd, Mark Osborne

TITLE: **PACKAGED STRAIN ACTUATOR**

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 6<sup>th</sup> day of May, 2002.

  
Jeremy P. Oczek

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

- (1) Transmittal Form (1 page);
- (2) Fee Transmittal (1 page);
- (3) Amendment and Response (11 pages);
- (4) Petition for Extension of Time (1 page);
- (5) Check in the amount of \$400.00;
- (6) Return Receipt Postcard.

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TC 2800 MAIL ROOM



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**TRANSMITTAL  
FORM**

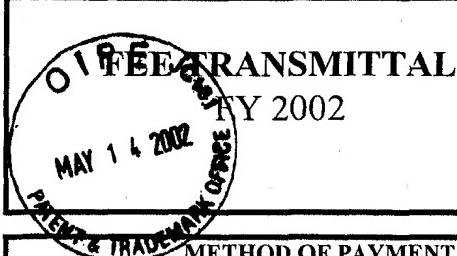
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<b>TRANSMITTAL FORM</b>	Application Serial Number	09/300,137
	Filing Date	April 27, 1999
	First Named Inventor	Kenneth Lazarus
	Group Art Unit	2834
	Examiner Name	Budd, Mark Osborne
	Attorney Docket No.	ACX-103CN2CP2

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Check Attached</li> <li><input type="checkbox"/> Copy of Fee Transmittal Form</li> </ul>	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input checked="" type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <li><input type="checkbox"/> Preliminary</li> <li><input type="checkbox"/> After Final</li> <li><input type="checkbox"/> Affidavits/declaration(s)</li> <li><input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____]</li> </ul>		
<input checked="" type="checkbox"/> Petition for Extension of Time		
<input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <li><input type="checkbox"/> Form PTO-1449</li> <li><input type="checkbox"/> Copies of IDS Citations</li> </ul>		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper Copy/CD</li> <li><input type="checkbox"/> Computer Readable Copy</li> <li><input type="checkbox"/> Statement verifying identity of above</li> </ul>		

<b>CORRESPONDENCE ADDRESS</b>		<b>SIGNATURE BLOCK</b>
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100		<p>Respectfully submitted,</p> <p align="center"></p> <p>Jeremy P. Oczek Attorney for Applicants Testa, Hurwitz &amp; Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110</p>



## COPY OF PAPERS

## ORIGINALLY FILED

Complete if Known

Application Serial Number	09/300,137
Filing Date	April 27, 1999
First Named Inventor	Kenneth Lazarus
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Examiner Name	Budd, Mark Osborne
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MAY 20 2002

## METHOD OF PAYMENT

1.  Payment Enclosed:  
 Check  Money Order  Other
2.  The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
 Required Fees (copy of this sheet enclosed).  
 Additional fee required under 37 CFR 1.16 and 1.17.  
 Overpayment Credit.
3.  Applicant claims small entity status.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte reexamination	
110	55	Extension for reply within first month	
400	200	Extension for reply within second month	400.00
920	460	Extension for reply within third month	
1440	720	Extension for reply within fourth month	
1960	980	Extension for reply within fifth month	
320	160	Notice of Appeal	
320	160	Filing a brief in support of an appeal	
280	140	Request for oral hearing	
130	130	Petitions to the Commissioner	
180	180	Submission of Information Disclosure Statement	
740	370	Filing a submission after final rejection (37 CFR 1.129(a))	
740	370	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
Other fee (Specify)			
Other fee (Specify)			

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	- 20 =		x \$ 18.00 =	
Independent Claims	- 3 =		x \$ 84.00 =	
<input type="checkbox"/> Multiple Dependent Claim(s), if any			\$280.00 =	
TOTAL:				

## SMALL ENTITY DISCOUNT:

## SUBTOTAL (1) (\$)

## 2. AMENDMENT CLAIM FEES

Claims Remaining	Highest No. Previously	Present	Rate	Fee Paid
After Amend.	Paid For			
Total	-	=	x \$ 18.00 =	
Indep.	-	=	x \$ 84.00 =	
<input type="checkbox"/> First Presentation of Multiple Dep. Claim			+ \$280.00 =	

TOTAL: (\$)  
SMALL ENTITY DISCOUNT: (\$)  
SUBTOTAL (2) (\$)

SUBTOTAL (3) (\$ 400.00)

 SUBTOTAL (1) (\$)  
 SUBTOTAL (2) (\$)  
 SUBTOTAL (3) (\$ 400.00)

TOTAL (\$ 400.00)

## CORRESPONDENCE ADDRESS

Direct all correspondence to:

Patent Administrator  
 Testa, Hurwitz & Thibeault, LLP  
 High Street Tower-125 High Street  
 Boston, MA 02110  
 Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,

*Jeremy P. Czak*  
 Jeremy P. Czak  
 Attorney for the Applicants  
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 Boston, MA 02110